

***APPENDIX D***

***REQUIRED FORMS***

***FOR***

***REQUEST FOR PROPOSALS (RFP)***

**APPENDIX D  
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REQUIRED FORMS**

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**REQUIRED FORMS - EXHIBIT 1**  
**PROPOSER'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT**

Page 1 of 2

Please complete, date and sign this form and place it as the first page of your proposal. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Contract.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

Name	State	Year Inc.
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2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

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3. If your firm is doing business under one or more DBA's, please list all DBA's and the County(s) of registration:

Name	County of Registration	Year became DBA
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4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? ☐ No ☐ Yes If yes,

Name of parent firm: \_\_\_\_\_

State of incorporation or registration of parent firm: \_\_\_\_\_

5. Please list any other names your firm has done business as within the last five (5) years.

Name	Year of Name Change
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6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Mandatory Requirements listed in Paragraph 1.4 - Minimum Mandatory Requirements, of this Request for Proposals, as listed below.

Check the appropriate boxes:

- ☐ **Yes**   ☐ **No** Proposer must have a minimum of two (2) years of experience within the past four (4) years, providing Alternative Dispute Resolution (ADR) services to clients within Los Angeles County or services equivalent to or substantially similar to the services in Appendix B (Statement of Work);
- ☐ **Yes**   ☐ **No** Proposer must be able to provide DRP services beginning July 1, 2014;
- ☐ **Yes**   ☐ **No** Proposer must provide DRP services to residents of Los Angeles County and unincorporated areas of Los Angeles County;
- ☐ **Yes**   ☐ **No** Proposer shall have, or will have by Contract award, an office location in Los Angeles County;
- ☐ **Yes**   ☐ **No** Proposer shall have, or will have by Contract award, all the staffing requirements specified in Appendix B (Statement of Work);
- ☐ **Yes**   ☐ **No** Proposer shall demonstrate the ability to match a minimum 25% of its grant amount for the term of the Contract; and
- ☐ **Yes**   ☐ **No** Proposer must currently have a cash reserve equal to the amount it would cost to operate the program for one month. Grant costs may not be included in cash reserves.

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

Proposer's Name:

Address:

Email Address:

Fax Number:

On Behalf of:

(Proposer's Name), I

(Name of Proposer's authorized representative), certify that the information contained in this Proposer's Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Signature

Internal Revenue Service  
Employee Identification Number

Title

California Business License Number

Date

County WebVen Number

## REQUIRED FORMS - EXHIBIT 2

### PROSPECTIVE CONTRACTOR REFERENCES

**Proposer's Name:** \_\_\_\_\_

List a minimum of Five (5) References from the last ten (10) years where the same or similar scope of services were provided in order to meet the Minimum Mandatory Requirements stated in this solicitation.

<b>1. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:
<b>2. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:
<b>3. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:
<b>4. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:
<b>5. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:

**REQUIRED FORMS - EXHIBIT 3**  
**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

**Proposer's Name: \_\_\_\_\_**

List of all public entities for which the Proposer has provided service within the last five (5) years. Use additional sheets if necessary.

<b>1. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:
<b>2. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:
<b>3. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:
<b>4. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:
<b>5. Name of Firm:</b>	<b>Address of Firm:</b>		
<b>Contact Person:</b>	<b>Telephone #:</b> (    )    -	<b>Email:</b>	
Name or Contract No.:	# of Years / Term of Contract:	Type of Service:	Dollar Amt.:

**REQUIRED FORMS - EXHIBIT 4**  
**PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

**Proposer's Name: \_\_\_\_\_**

List a minimum of five (5) references of all contracts terminated within the past five (5) years.

<b>1. Name of Firm:</b> <b>Contact Person:</b>	<b>Address of Firm:</b> <b>Telephone #: (    )       -       Email:</b>	
<hr/>		
Name or Contract No.:	Reason for Termination:	
<hr/>		
<b>2. Name of Firm:</b> <b>Contact Person:</b>	<b>Address of Firm:</b> <b>Telephone #: (    )       -       Email:</b>	
<hr/>		
Name or Contract No.:	Reason for Termination:	
<hr/>		
<b>3. Name of Firm:</b> <b>Contact Person:</b>	<b>Address of Firm:</b> <b>Telephone #: (    )       -       Email:</b>	
<hr/>		
Name or Contract No.:	Reason for Termination:	
<hr/>		
<b>4. Name of Firm:</b> <b>Contact Person:</b>	<b>Address of Firm:</b> <b>Telephone #: (    )       -       Email:</b>	
<hr/>		
Name or Contract No.:	Reason for Termination:	
<hr/>		
<b>5. Name of Firm:</b> <b>Contact Person:</b>	<b>Address of Firm:</b> <b>Telephone #: (    )       -       Email:</b>	
<hr/>		
Name or Contract No.:	Reason for Termination:	
<hr/>		

**REQUIRED FORMS - EXHIBIT 5**  
***CERTIFICATION OF NO CONFLICT OF INTEREST***

The Los Angeles County Code, Section 2.180.010, provides as follows:

**CONTRACTS PROHIBITED**

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;
2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;
3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
  - a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
  - b. Participated in any way in developing the contract or its service specifications; and
4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

\_\_\_\_\_  
Proposer Name

\_\_\_\_\_  
Proposer Official Title

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date



## REQUIRED FORMS - EXHIBIT 6

### FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

- 1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;
- 2) that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and
- 3) It is not on the County's Executive Office's List of Terminated Registered Lobbyists.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

## REQUIRED FORMS – EXHIBIT 7

### Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form

**INSTRUCTIONS:** All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

**FIRM NAME:**

**CAGE CODE:**

**NAICS CODE:**

☐ As a business registered as 'Small' on the federal Central Contractor Registration (CCR) data base, I request this proposal/bid be considered for the Local SBE Preference.

☐ The NAICS Code shown corresponds to the services in this solicitation.

☐ Attached is my CCR certification page.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

<b>Business Structure:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify)						
<b>Total Number of Employees</b> (including owners):						
<b>Race/Ethnic Composition of Firm.</b> Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/ Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:**

*If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)*

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Print Authorized Name	Authorized Signature	Title	Date

**REQUIRED FORMS - EXHIBIT 8**  
**PROPOSER'S EEO CERTIFICATION**

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Contractor Name

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Address

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Internal Revenue Service Employer Identification Number

**GENERAL CERTIFICATION**

In accordance with Section 4.32.010 of the Code of the County of Los Angeles, the contractor, supplier, or vendor certifies and agrees that all persons employed by such firm, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all anti-discrimination laws of the United States of America and the State of California.

**CONTRACTOR'S SPECIFIC CERTIFICATIONS**

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | The Contractor has a written policy statement prohibiting discrimination in all phases of employment.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | The Contractor periodically conducts a self analysis or utilization analysis of its work force.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | The Contractor has a system for determining if its employment practices are discriminatory against protected groups.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Where problem areas are identified in employment practices, the Contractor has a system for taking reasonable corrective action, to include establishment of goals or timetables. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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Authorized Official's Printed Name and Title

/ /  
Date

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Authorized Official's Signature

EEO CERTIFICATION

**REQUIRED FORMS - EXHIBIT 9**  
**ATTESTATION OF WILLINGNESS TO CONSIDER**  
**GAIN/GROW PARTICIPANTS**

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

**Proposers unable to meet this requirement shall not be considered for contract award.**

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

☐ YES (subject to verification by County) ☐ NO

B. Proposer is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

☐ YES ☐ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

☐ YES ☐ NO ☐ N/A (Program not available)

Proposer Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## REQUIRED FORMS - EXHIBIT 10

### COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County's solicitation for this Request for Proposals is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All proposers whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the proposer is excepted from the Program.

Company Name:		
Company Address:		
City:	State: CA	Zip Code:
Telephone Number: (    )    -    x.		
Solicitation for:    Services:		

***If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.***

#### **Part I: Jury Service Program is Not Applicable to My Business**

☐ My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.

☐ My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.

**"Dominant in its field of operation"** means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

**"Affiliate or subsidiary of a business dominant in its field of operation"** means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.

☐ My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

**OR**

#### **Part II: Certification of Compliance**

☐ My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, **or** my company will have and adhere to such a policy prior to award of the contract.

*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date:

REQUIRED FORMS - EXHIBIT 11

***CERTIFICATION OF INDEPENDENT PRICE DETERMINATION  
& ACKNOWLEDGEMENT OF RFP RESTRICTIONS***

- A. By submission of this Proposal, Proposer certifies that the prices quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.
- B. List all names and telephone number of person legally authorized to commit the Proposer.

NAME	PHONE NUMBER
_____	_____ (    )    - _____
_____	_____ (    )    - _____
_____	_____ (    )    - _____

**NOTE:** Persons signing on behalf of the Contractor will be required to warrant that they are authorized to bind the Contractor.

- C. List names of all joint ventures, partners, subcontractors, or others having any right or interest in this contract or the proceeds thereof. If not applicable, state "NONE".

\_\_\_\_\_

\_\_\_\_\_

- D. Proposer acknowledges that it has not participated as a consultant in the development, preparation or selection process associated with this RFP. Proposer understands that if it is determined by the County that the Proposer did participate as a consultant in this RFP process, the County shall reject this proposal.

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Print Name of Signer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REQUIRED FORMS - EXHIBIT 12**  
**CHARITABLE CONTRIBUTIONS CERTIFICATION**

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Company Name

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Address

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Internal Revenue Service Employer Number Identification Number

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California Registry of Charitable Trusts "CT" Number (if applicable)

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundraisers for Charitable Purposes Act which regulates those receiving and raising charitable contributions.

**Check the Certification below that is applicable to your company.**

- ☐ Proposer or Contractor has examined its activities and determined that it does not now receive or raise charitable contributions regulated under California's Supervision of Trustees and Fundraisers for Charitable Purposes Act. If Proposer engages in activities subjecting it to those laws during the term of a County contract, it will timely comply with them and provide County a copy of its initial registration with the California State Attorney General's Registry of Charitable Trusts when filed.

**OR**

- ☐ Proposer or Contractor is registered with the California Registry of Charitable Trusts under the CT number listed above and is in compliance with its registration and reporting requirements under California law. Attached is a copy of its most recent filing with the Registry of Charitable Trusts as required by Title 11 California Code of Regulations, sections 300-301 and Government Code sections 12585-12586.

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Signature

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Date

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Name and Title of Signer (please print)

**REQUIRED FORMS - EXHIBIT 13**  
**TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION**

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	STATE:	ZIP CODE:

**I hereby certify that I meet all the requirements for this program:**

- ☐ My business is a non-profit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for 3 years (*attach IRS Determination Letter*);
- ☐ I have submitted my three most recent annual tax returns with my application;
- ☐ I have been in operation for at least one year providing transitional job and related supportive services to program participants; and
- ☐ I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants and any other information requested by the contracting department.

**I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.**

PRINT NAME:	TITLE:
SIGNATURE:	DATE:

**REVIEWED BY COUNTY:**

<b>SIGNATURE OF REVIEWER</b>	<b>APPROVED</b>	<b>DISAPPROVED</b>	<b>DATE</b>



## REQUIRED FORMS - EXHIBIT 14

### CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Company Name:		
Company Address:		
City:	State:	Zip Code:
Telephone Number:		Email address:
Solicitation/Contract For _____ Services:		

The Proposer/Bidder/Contractor certifies that:

- ☐ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; **AND**

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; **AND**

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

**- OR -**

- ☐ I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason:

*I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.*

Print Name:	Title:
Signature:	Date: